

2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90040-037-\$61.25-\$61.25

DOCUMENT # N99000004847

FILED

1. Entity Name

STOVER INC.

00 MAR -6 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7806 NIAGARA AVE., BLDG. #27
TAMPA FL 33617

Mailing Address

P. O. BOX 291601
TAMPA FL 33687-1601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7806 NIAGARA AVE Bldg #27

3. Mailing Address

P.O. Box 291601

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa FL

4. FEI Number

Applied For
 Not Applied For

Zip
33617

Country
U.S.A.

Zip
33687-1601

Country
U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

DUGGINS, CAROLYN S
7806 NIAGARA AVE., BLDG. #27
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name CAROLYN Stover - Duggins
Street Address (P.O. Box Number is Not Acceptable)
7806 NIAGARA AVE Bldg #27
City Tampa FL Zip Code 33617

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE CAROLYN Stover - Duggins

1-20-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
	STOVER INC.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CAROLYN Stover - Duggins (P), D, M	7806 Niagara Ave	Tampa FL 33617	<input type="checkbox"/>	<input type="checkbox"/>
	STOVER INC.			<input type="checkbox"/>	<input type="checkbox"/>
	SUSIE MAE Stover (VP)	7806 Niagara Ave	Tampa FL 33617	<input type="checkbox"/>	<input type="checkbox"/>
	OTIS Stover Sr. C			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7806 Niagara			<input type="checkbox"/>	<input type="checkbox"/>
	Tampa FL 33617			<input type="checkbox"/>	<input type="checkbox"/>
	STOVER INC.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SUSAN Stover - Perry T/S	4416 TUNA DR.	Tampa FL 33617	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN Stover - Duggins

JAN 20, 2000

(813) 274-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #